



Emergency Plan Review Form

Pursuant to Chapter 45 of the Department of Health's Medicaid Rules, an annual review of emergency plans must be conducted for each setting on each shift. Additionally, an evacuation drill must be completed annually, on each shift, as part of the emergency plan review for fires. **Please complete a separate form for each review conducted.**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Bomb threat | <input type="checkbox"/> Power and other utility failures | |
| <input type="checkbox"/> Medical emergencies | <input type="checkbox"/> Missing person | <input type="checkbox"/> Provider incapacity | <input type="checkbox"/> Staffing shortages |
| <input type="checkbox"/> Violent/Threatening Situations | <input type="checkbox"/> Vehicle Emergency | <input type="checkbox"/> Wildfires | |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Floods | <input type="checkbox"/> Tornadoes | |
| <input type="checkbox"/> Contingency plan | <input type="checkbox"/> Blizzards | | |

Provider Name: _____

Date of Plan Review: ____/____/____ Time: _____ ☐ AM ☐ PM

Location of Review: _____

Full evacuation completed? ☐ Yes ☐ No

Staff/participants involved in the review

Concerns noted during the review? ☐ Yes ☐ No

List Concerns

Follow up actions taken? ☐ Yes ☐ No If yes, by whom? _____

List Follow up actions

Printed name of staff member conducting review: _____

Staff Signature: _____

Date: _____